

<i>Eliza Bradley</i>					<i>Maryland</i>		
<i>Marcella</i>		<i>Wicomico</i>		<i>MARYLAND</i>			
<i>Town</i>		<i>County</i>		<i>Occupation</i>			
Died at	Month	Day	Y.	M.	D.	Native of	
Date 1903	1	4	Age 72			Md	
<input checked="" type="checkbox"/> Male		White		<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Widow	
<input type="checkbox"/> Female		<input checked="" type="checkbox"/> Colored		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced	
						Number of children living	
Husband		<i>120</i>		Mother's		<i>Eliza Bradley</i>	
Wife		<i>Eliza Bradley</i>		Maiden Name		<i>Eliza Bradley</i>	
Father's		<i>Eliza Bradley</i>		Mother's		<i>Eliza Bradley</i>	
Name		<i>Eliza Bradley</i>		Maiden Name		<i>Eliza Bradley</i>	
Cause of		Primary		<i>Kidney trouble</i>		How long sick	
Death		Immediate		<i>Paralysis of Bladder</i>		Accident, Suicide, Homicide	
Reported by		<i>A. L. Sealman</i>		<i>Eliza Bradley</i>		<i>Eliza Bradley</i>	
Address		<i>Marcella</i>		<i>Eliza Bradley</i>		<i>Eliza Bradley</i>	
<input checked="" type="checkbox"/> Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							
LIBRARY BUREAU, 78898							



Wilhelmina D Brown

Town

County

MARYLAND

Died at ~~near~~ Salisbury

Month

Day

Wicomico

Y. M. D.

Native of

Date 1906

Jan. 7

Age 77-8

Maryland

Occupation

Male

White

Widow

Divorced

Female

Colored

Married

Single

Widower

Number of children living

18

Husband of

Wife

Father's

Name

Kibble Brown

Mother's
Maiden Name

190

Cause of

Primary

General Asthma - Salivitis

How long sick

1 year or more

Death

Immediate

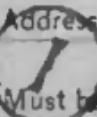
Respiratory heart failure

Accident, Suicide, Homicide

Reported by

Lori. A. Klonis M.D.

Salisbury, Md.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Bertrice Collins

Town

County

Died at

Hagerstown

MARYLAND

Month

Day

Y. M. D.

Native of

Occupation

Date 189

Jan 3

Age

7 years

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Thomas Collins

Wife

Father's

Name

Joseph Brattan

Mother's

Name

Easter

How long sick

Cause of

Primary

Neuralgia & Heart

Death

Immediate

Accident, Suicide, Homicide

Reported by

Robert Clugood 179

Address

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edward Leesay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Salisbury</u>		County <u>Wicomico</u>		MARYLAND		
Date <u>1903</u> of death <u>190</u>	Month <u>January</u>	Day <u>15</u>	Age <u>60</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>				Birth- place <u>Md</u>	
Married, Single or Widowed <u>Married</u>	Occupation					
Name of Wife or Husband <u>✓</u>						
Father's Name <u>✓</u>						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information <u>✓</u>						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

18 months
1 year

Immediate

How long

Exhilarating Heart Failure

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

1

Accident or Suicide?

Over
Over

There was no Physician in
attendance and I don't know
the immediate cause of death
he had been paralyzed and become
helpless. had been so for a long time
perhaps nearly 2 years

Geo. C. Hill
undertaker

Charles O. Darby

Town

Hebron

County

Wisconsin

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Age

24 1 10

Maryland Farmer

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Obadiah Darby

Mother's

Maiden Name

Sarah P. Darby

Cause of Death

Primary

Dropsy

How long sick

Immediate

Paroxysms

18 months

Reported by

A. L. Sealbrace

Accident, Suicide, Homicide

Address

Maryland

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charity Dachell

Town	Salisbury			County	Wicomico			MARYLAND
Died at	Month	Day	Y.	M.	D.	Native of	Occupation	
Date 1903	Jaw.	5	Age	62			Seasout	
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower			Number of children living	Four	

Husband of _____

Wife _____

Father's Name	Mother's Maiden Name
---------------	----------------------

Cause of Death	Primary	Pneumonia	93	How long sick
----------------	---------	-----------	----	---------------

Death	Immediate	Heart failure	93	Accident, Suicide, Homicide
-------	-----------	---------------	----	-----------------------------

Reported by Louis W. Morris, M.D.

Address

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant no name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

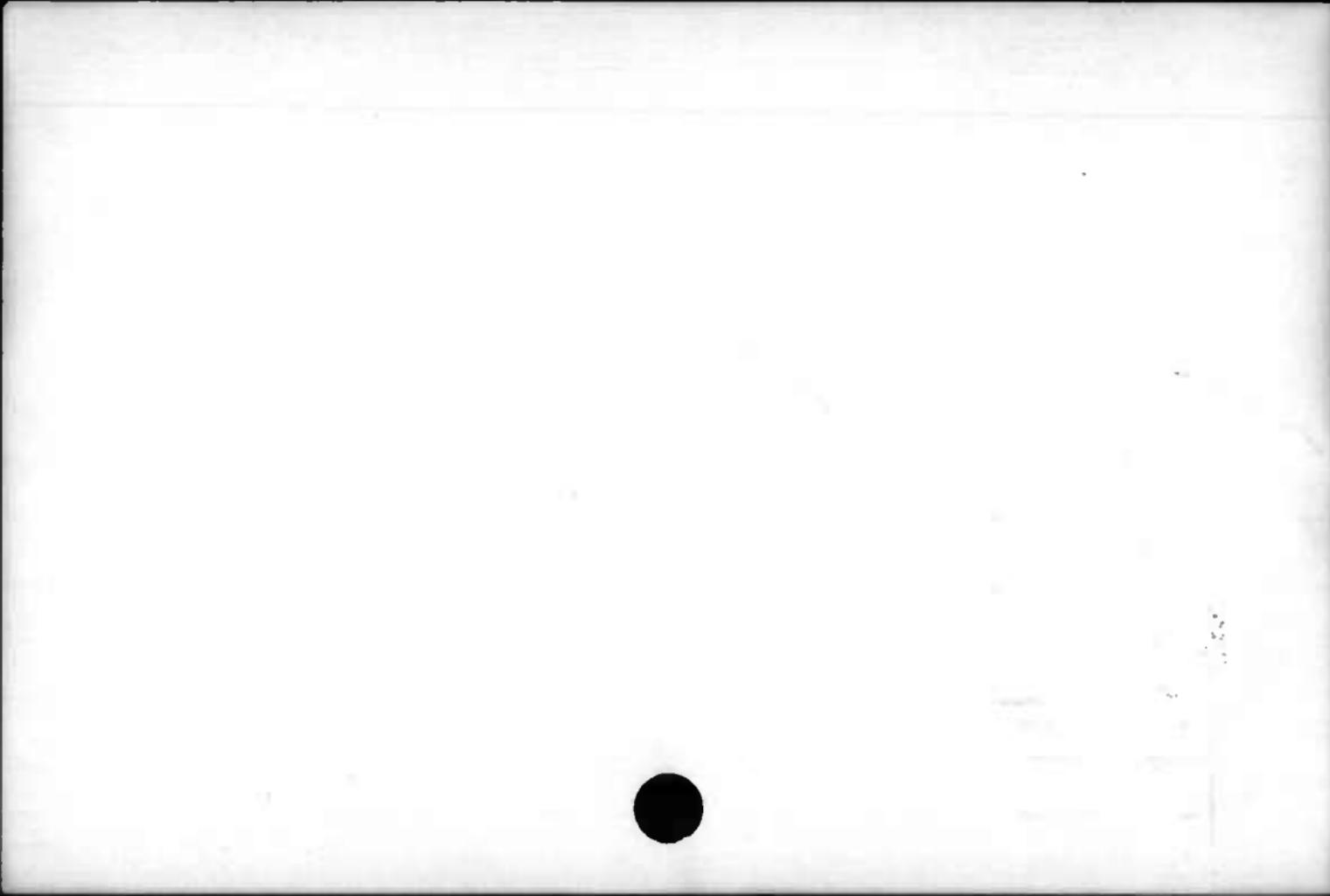
Died at	Town Salisbury		County Wicomico	MARYLAND	
Date of death 1903	Month Jan	Day 19	Age	Years	Months
Sex	Female		Color or Race	White	Birth-place
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name	James E. Fields			Father's Birthplace	Md
Mother's Maiden Name	Laura C. Riggan			Mother's Birthplace	Mdd
Name of person giving Information	James E. Fields			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary	Broncho - Pneumonia 9/2		How long
Immediate	Heart failure		10 days —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
yes		Louis W. Morris M.D.	
		Address	(Salisbury Md.)
Accident or Suicide?			





John E. Hitchens

Town

County

Died at

Salisbury

MARYLAND

Month

Day

Y.

M.

D.

Date 1903

Jan. 17

Age 48

Native of

Del.

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Widower

Wife

Name

Mother's

Name

Name

Maiden Name

Mary

Cause of

Primary

General Asthma - Seborrheic

How long sick

3 months

Death

Immediate

Cerebral Confusion

81

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Salisbury Md.

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Miranda Hudson

CERTIFICATE OF DEATH

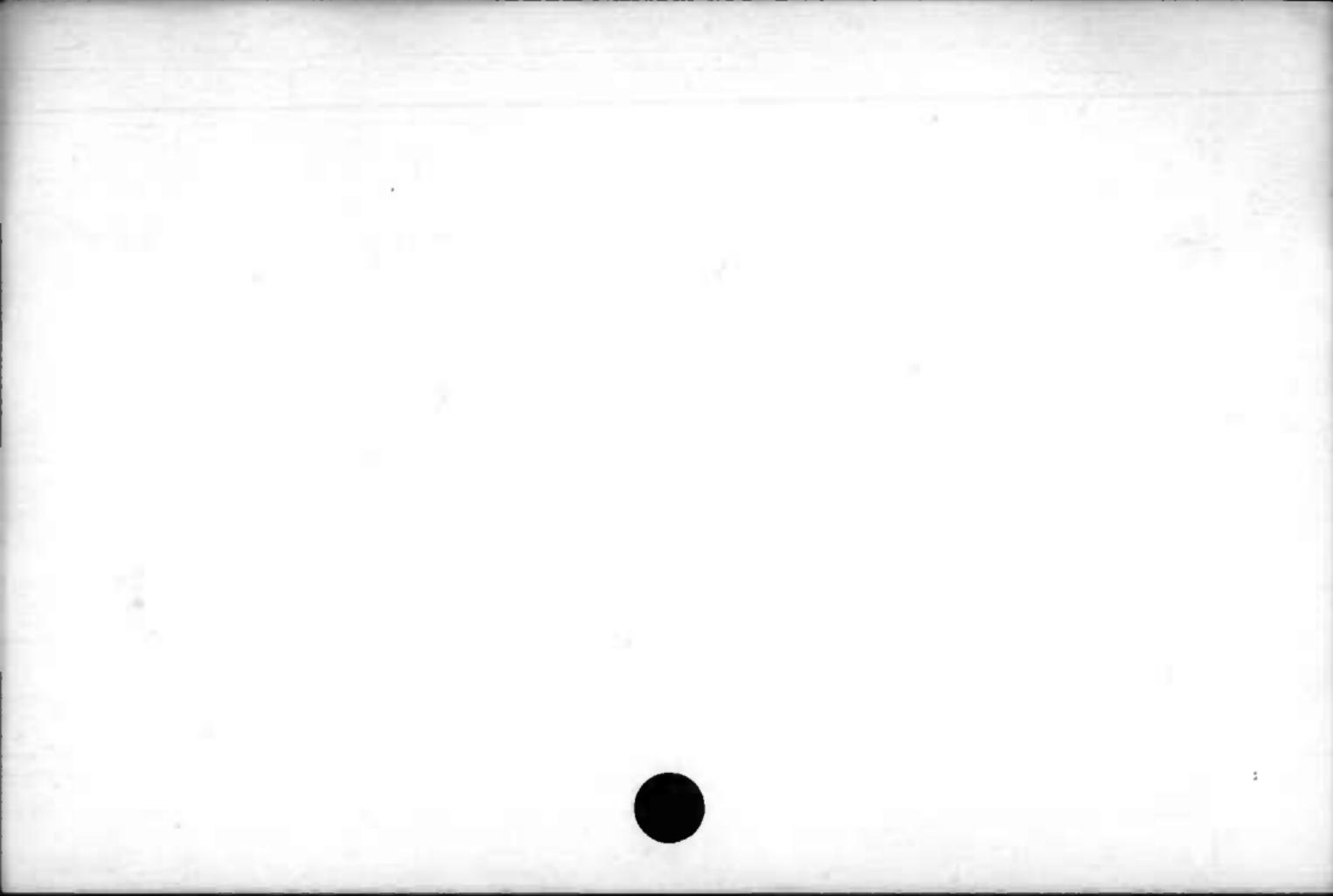
Died at <u>Salisbury</u>		County <u>Wisconsin</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>Jan</u>	Day <u>5</u>	Age <u>86</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>				
Married, Single or Widowed <u>Widow</u>	Occupation <u>General work</u>					
Name of Wife or Husband						
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving information <u>John Hudson</u>		How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

OR

Primary <u>Infirmities of age 154</u>	How long <u>Don't know</u>
Immediate <u>Heart failure</u>	How long <u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <u>J. H. Stevens</u>	
Address <u>Salisbury, Md.</u>	
Accident or Suicide?	



Name
in
Full

Mary Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Salisbury, Md		County	MARYLAND		
Date of death 1903	Month 1	Day 19	Years One year	Months	Days	
Sex Female	Color or Race Colored	Birth- place Bridgewater				
Married, Single or Widowed Married	Occupation Geo. H. Jones					
Name of Wife or Husband	Geo. H. Jones					
Father's Name Jordan Johnson			Father's Birthplace Del			
Mother's Maiden Name Diana Cornish			Mother's Birthplace Del			
Name of person giving Information Geo. H. Jones -			How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

11

Primary

Doris Kuhn

179

How long

4 hrs

Immediate

Doris Kuhn; was gasping her last breath

How long

4 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

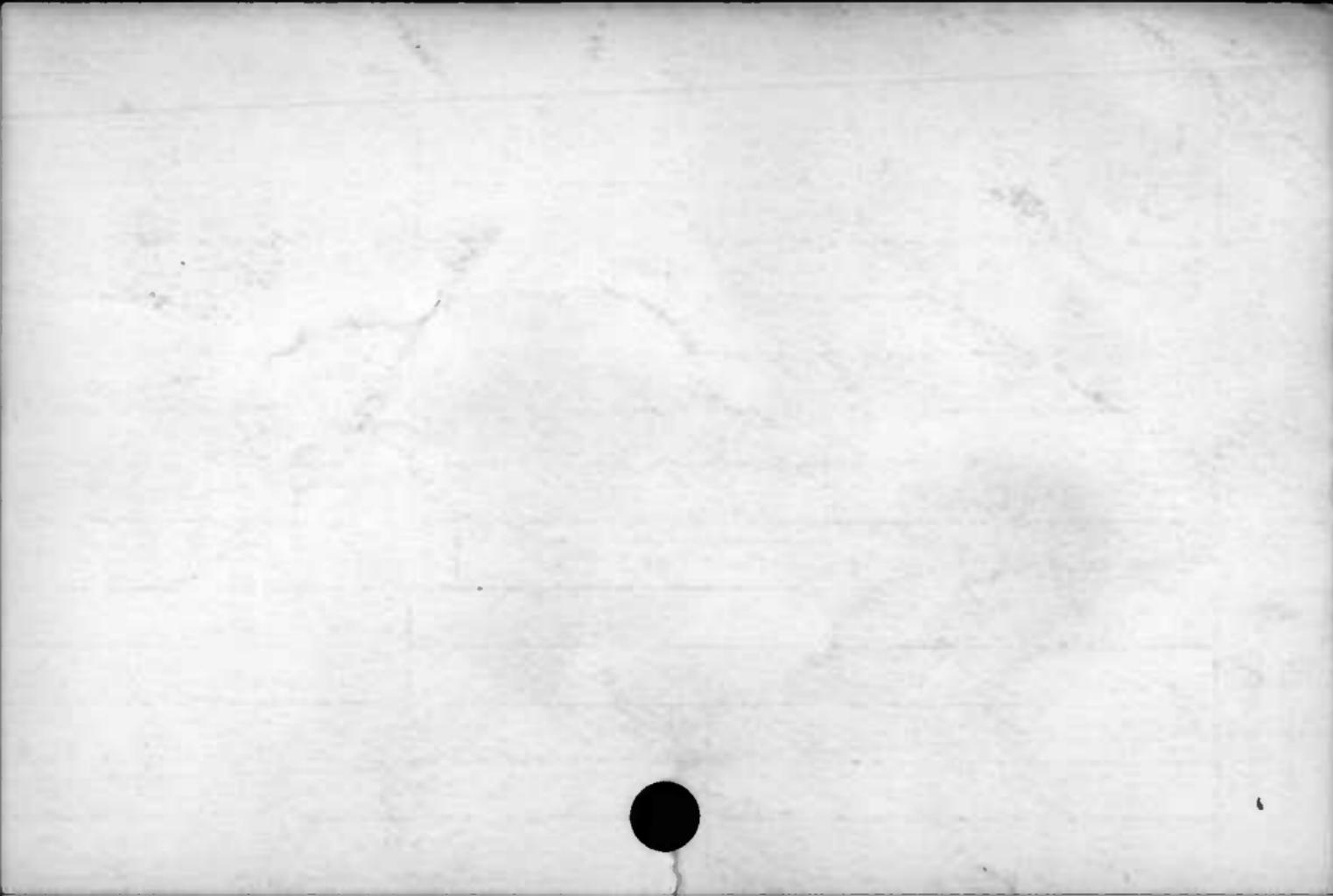
Signature of
Physician

Address

J. W. Dick
Salisbury, Md

Accident or Suicide?

No



Name
in
Full

Annie. Martha. Kersey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

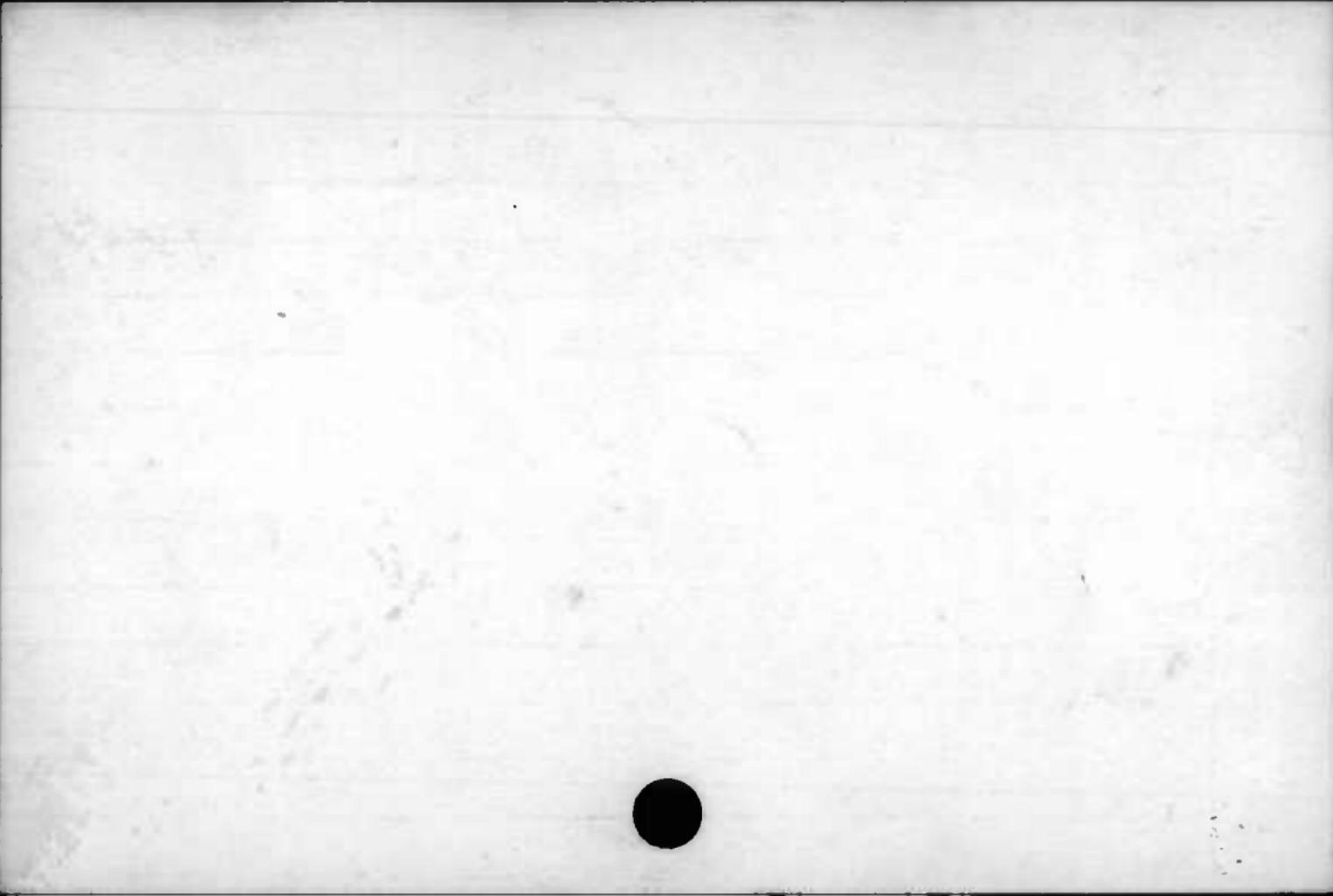
Died at	Town		County	MARYLAND	
Date of death 1903	Month Jan	Day 30	Years 49	Months 16	Days
Sex Female	Color or Race	White			
Married, Single or Widowed	Occupation				
Name of Wife or Husband	George W. Kersey				
Father's Name	Samuel Holt				
Mother's Maiden Name	Bunfort Lank				
Name of person giving information	George H. Kersey				

CAUSES OF DEATH

Primary	Cardiac insufficiency		How long	five years
Immediate	Pulmonary edema		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	900	Signature of Physician	Joseph D. Holt	
		Address	Salisbury, Md	
Accident or Suicide?	21			

PHYSICIAN
OR CORONER





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Kelly Leonard
Town
Williams branch Nicomico
County

CERTIFICATE OF DEATH

MARYLAND

Died at _____
Date of death 1903 Month Jany Day 13 Years 75 Months _____ Days _____

Sex Female Color or Race Black Birth-place Md.

Married Single or Widowed Occupation: house keeper

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving Information

Henry Leonard

Charles Morris

Father's Birthplace

Mother's Birthplace

How related to deceased

Joseph Leonard

Grand son

CAUSES OF DEATH

Primary

I don't know the cause of her death

How long

about 2 weeks

Immediate

she had no Doctor

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

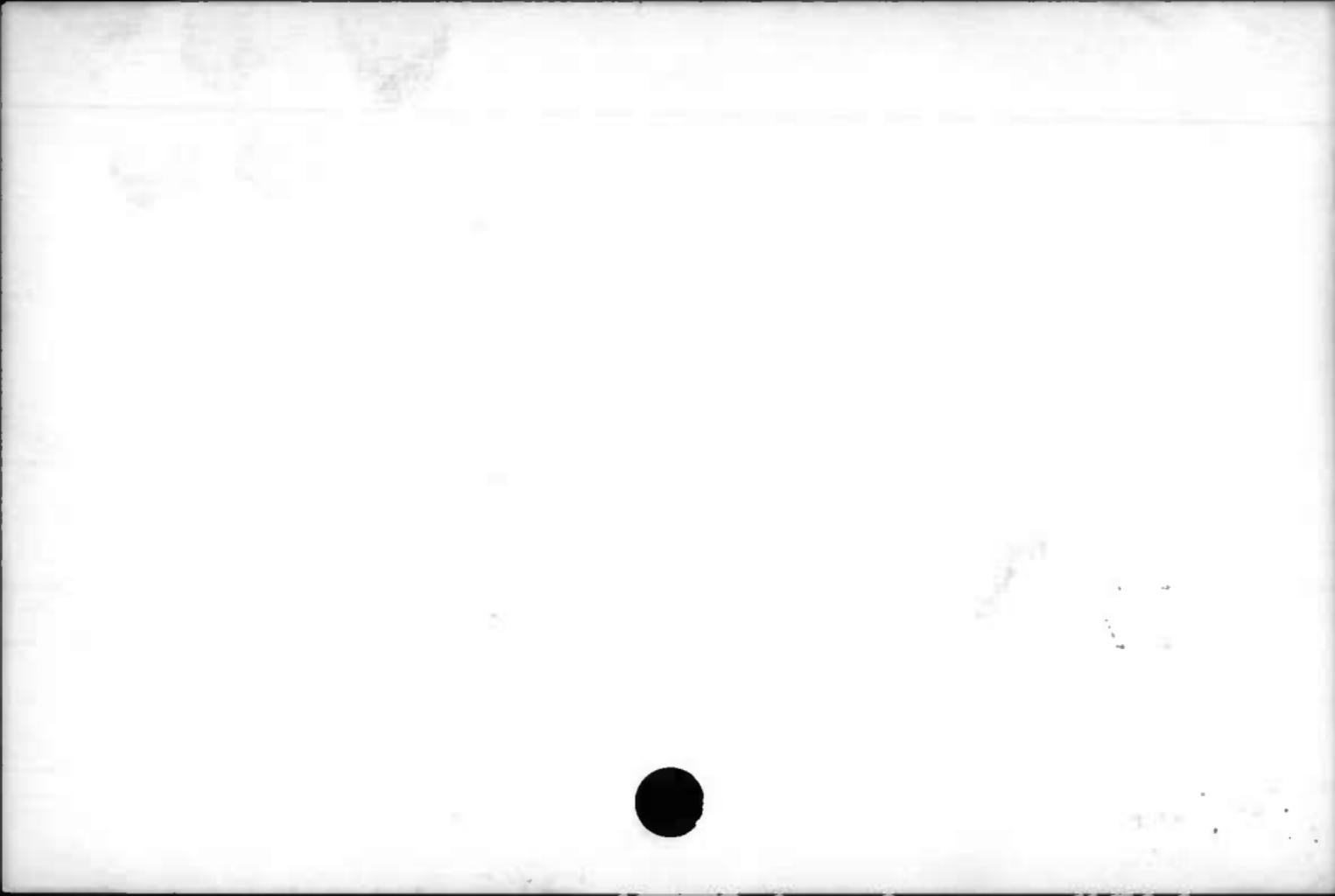
Rev. C. H. Hill

Undertaker

Salisbury Md.



Accident or Suicide?



Daniel Lewis

Town

County

Died at ~~near~~ SalisburyWicomico

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age

Widow

Divorced

Female

Colored

Married

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

120

Cause of

Primary

Chronic Bright's Disease -

How long sick

6 months

Death

Immediate

Died Suddenly,

Accident, Suicide, Homicide

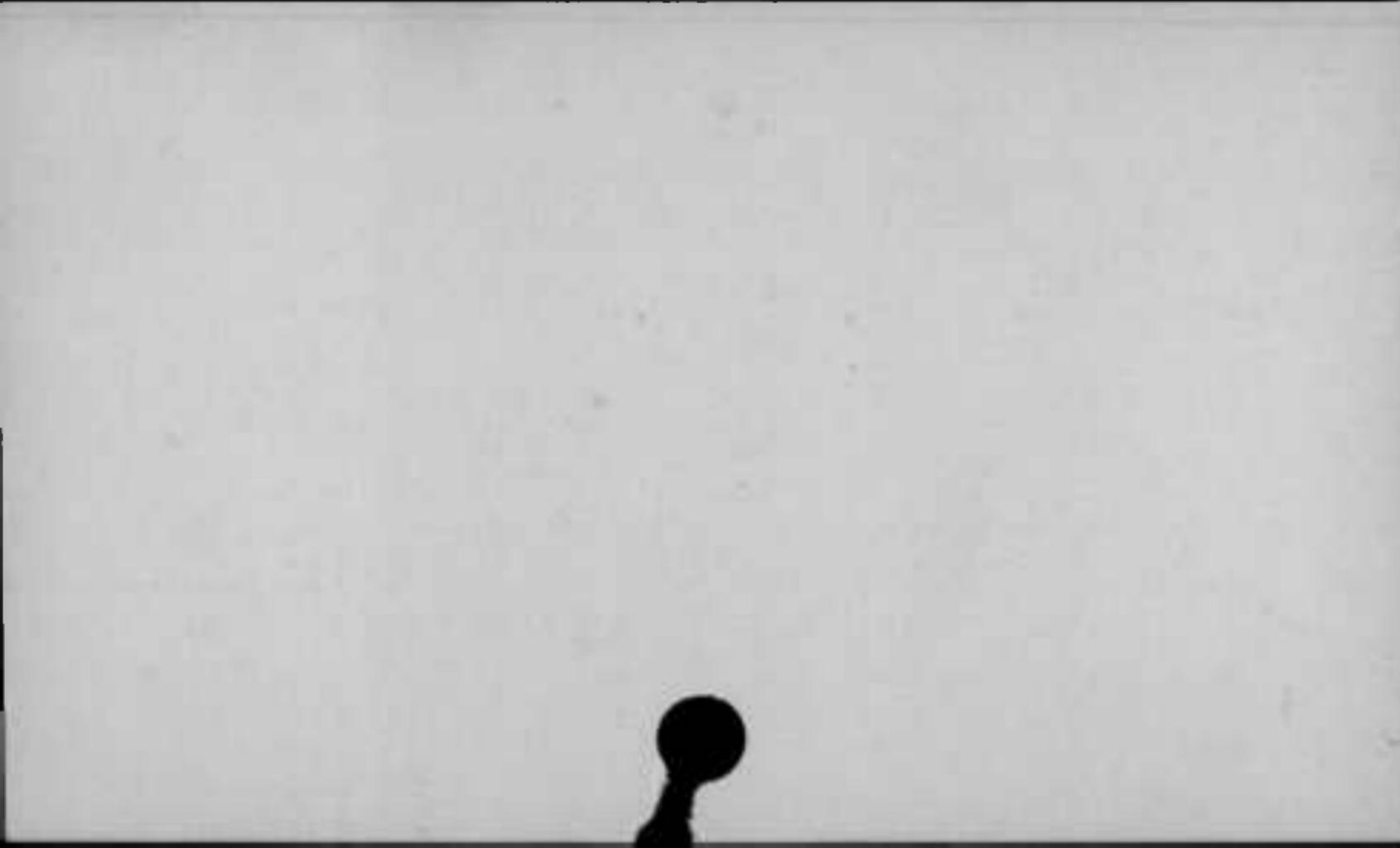
Reported by

Louis W. LeComte, M.D.

Salisbury, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Birfint no name
Salisbury Town
County Wicomico

CERTIFICATE OF DEATH

MARYLAND

Died at Salisbury	Month Jan	Day 20	Years	Months	Days 24
Date of death 1908	Age				
Sex Female	Color or Race White		Birth- place Salisbury		
Married, Single or Widowed	Occupation				

Name of Wife or
Husband

Father's
Name
Peter D Mitchell

Father's
Birthplace
Md

Mother's
Maiden Name
Lissie M Truitt

Mother's
Birthplace
Md

Name of person giving
Information
Peter D Mitchell

How related
to deceased
Father

CAUSES OF DEATH

Primary	Thrush	100	How long 2 weeks
Immediate	Don't know		How long

Are the name, age, sex, color, date
and place correctly given above?

yes

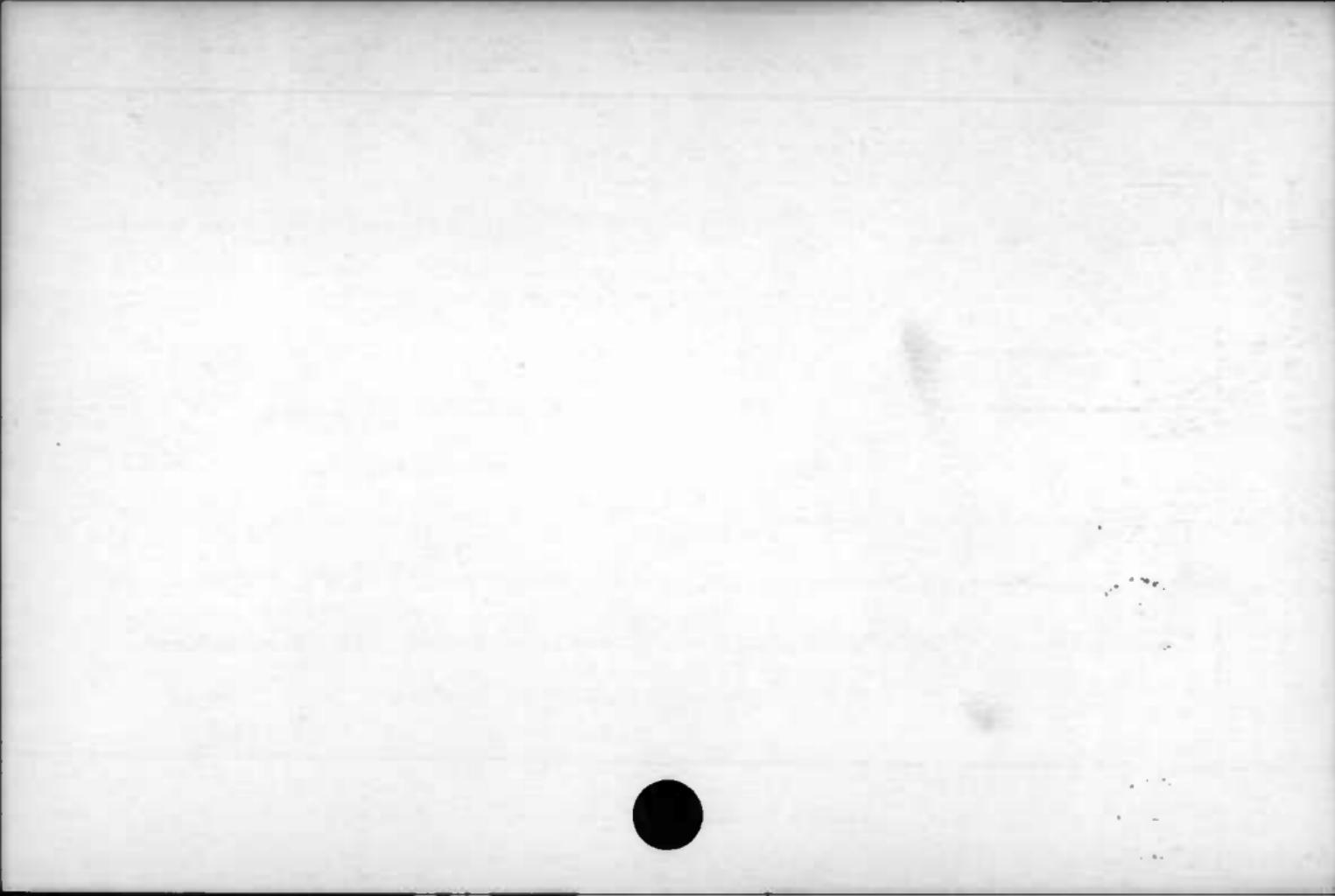
Signature of
Physician

Address

D C Holloway & Co
undertakers Salisbury Md



Accident or Suicide?



Mosses

Town		County			
Died at Salisbury		Virginia		MARYLAND	
Month	Day	Y.	M.	D.	Native of
Date 19 - B	Jan. 21	1			Virginia
Male	White	Age	Married	Widow	Occupation
Female	Colored			Widower	Draftsman
Husband of		Number of children living			
Wife		105			
Father's Name	Jessome Mosses	Mother's Maiden Name	Addie Adams		
Cause of Death	Primary	Dys Gastro-Intestinal Defect		How long sick	
	Immediate	Heart failure & Dunting		5 or 6 weeks	
Reported by	Louis W. Ellonis M.D.				
Address	Salisbury Md.				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Dale Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>5 miles East</u> Town <u>Salisbury</u>		County <u>Mecklenburg</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Jan</u>	Day <u>23</u>	Age	Years	Months
Sex <u>male</u>	Color or Race <u>White</u>	Occupation		Days	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	<u>George Parker</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Nancy J Rayne Ar</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Capillary Bronchitis
Heart Failure

How long

2 weeks

Immediate

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

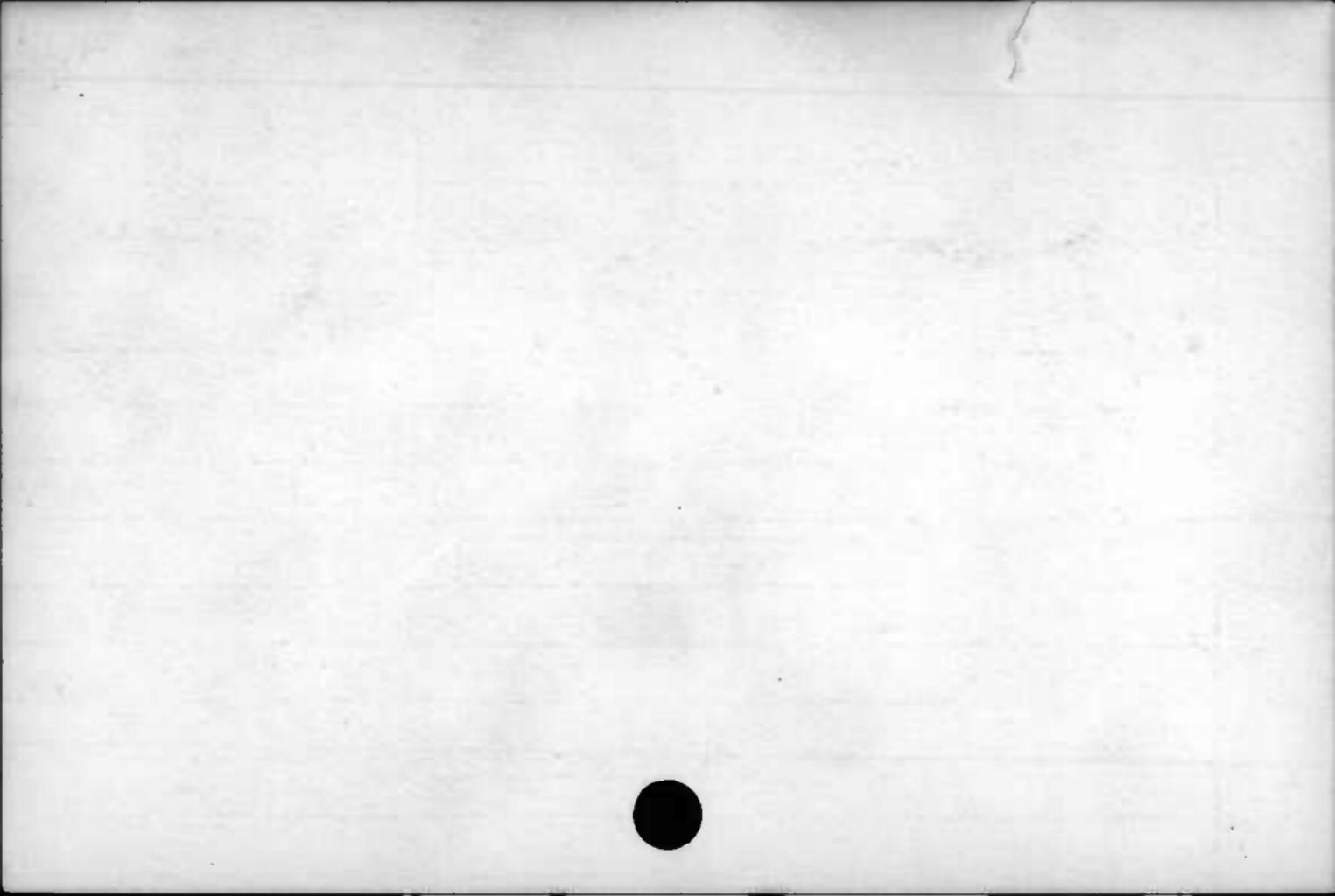
F. M. Stevens

Address

Salisbury
Md

Accident or Suicide?





Name
in
Full

Douglas Monroe Pittett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

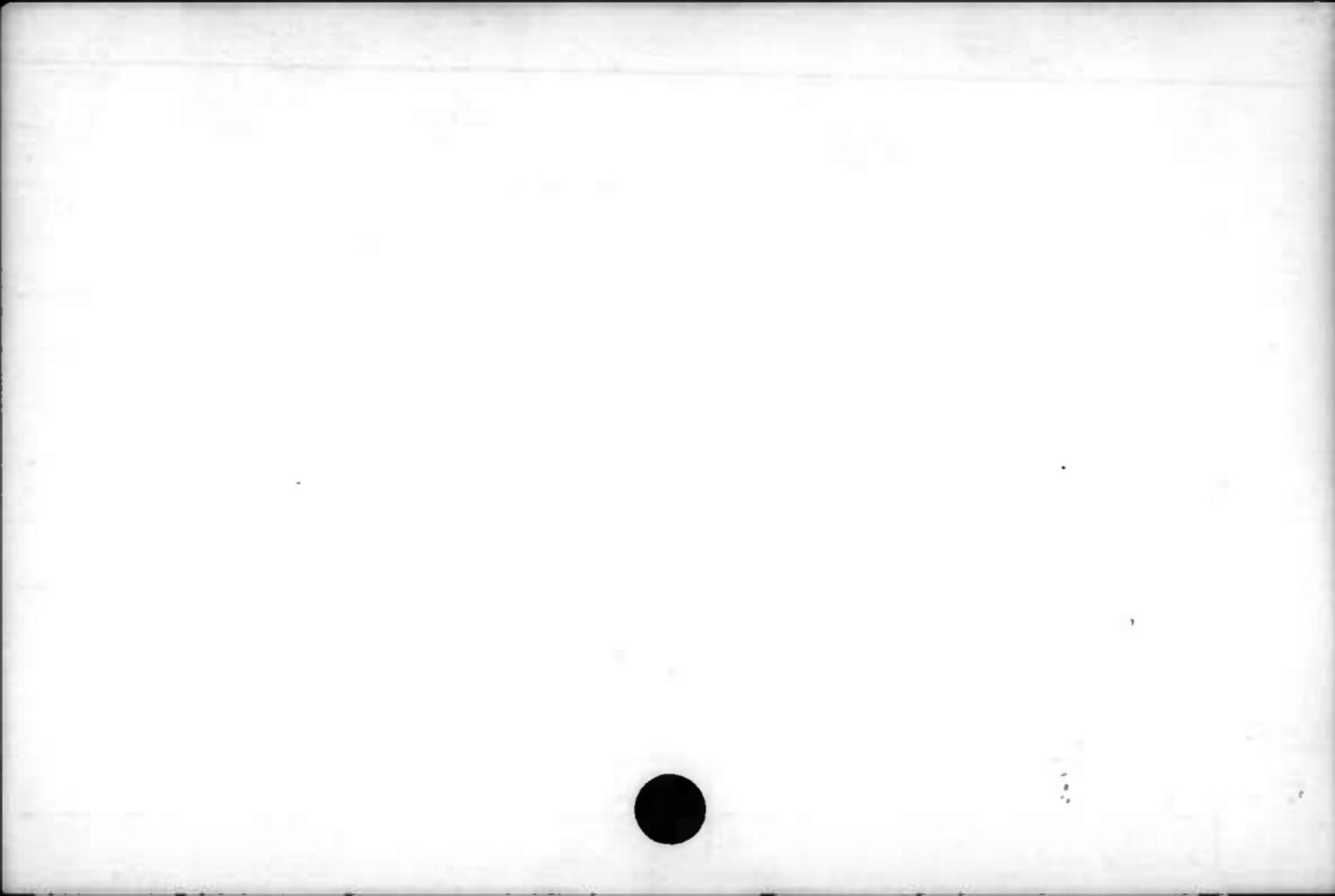
Died at	Town		County		MARYLAND	
Date of death 1903	Month January	Day 15	Years 52	Months 2	Days 2	
Sex Male	Color or Race Colored		Birth-place Salisbury Md			
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Thomas Pittett		Father's Birthplace Salisbury Md			
Mother's Maiden Name	Olivia Pittett		Mother's Birthplace Monroe Co			
Name of person giving information	Mother 95		How related to deceased Mother			

CAUSES OF DEATH

Primary	Acute Catarrh		How long	2 weeks
Immediate	Congestion of lungs (probably) due to		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	C. C. Pittett
			Address	Salisbury, Md.
Accident or Suicide?				

PHYSICIAN
OR CORONER





Ichobod Taylor

Town

County

Died at ~~Death~~ Near Salisbury Wicomico

MARYLAND

1903

Month

Day

Y. M.

D.

Native of

Occupation

Date 189

Male

White

Age

Don't know

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

None

Father's Name

Ichobod Taylor

Mother's Name

Mary Taylor

Cause of

Primary

How long sick

Death

Immediate

Don't know

Don't know

179

Accident, Suicide, Homicide

Reported by

James M. Jones Undertaker

Quainton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth P. Teasdale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

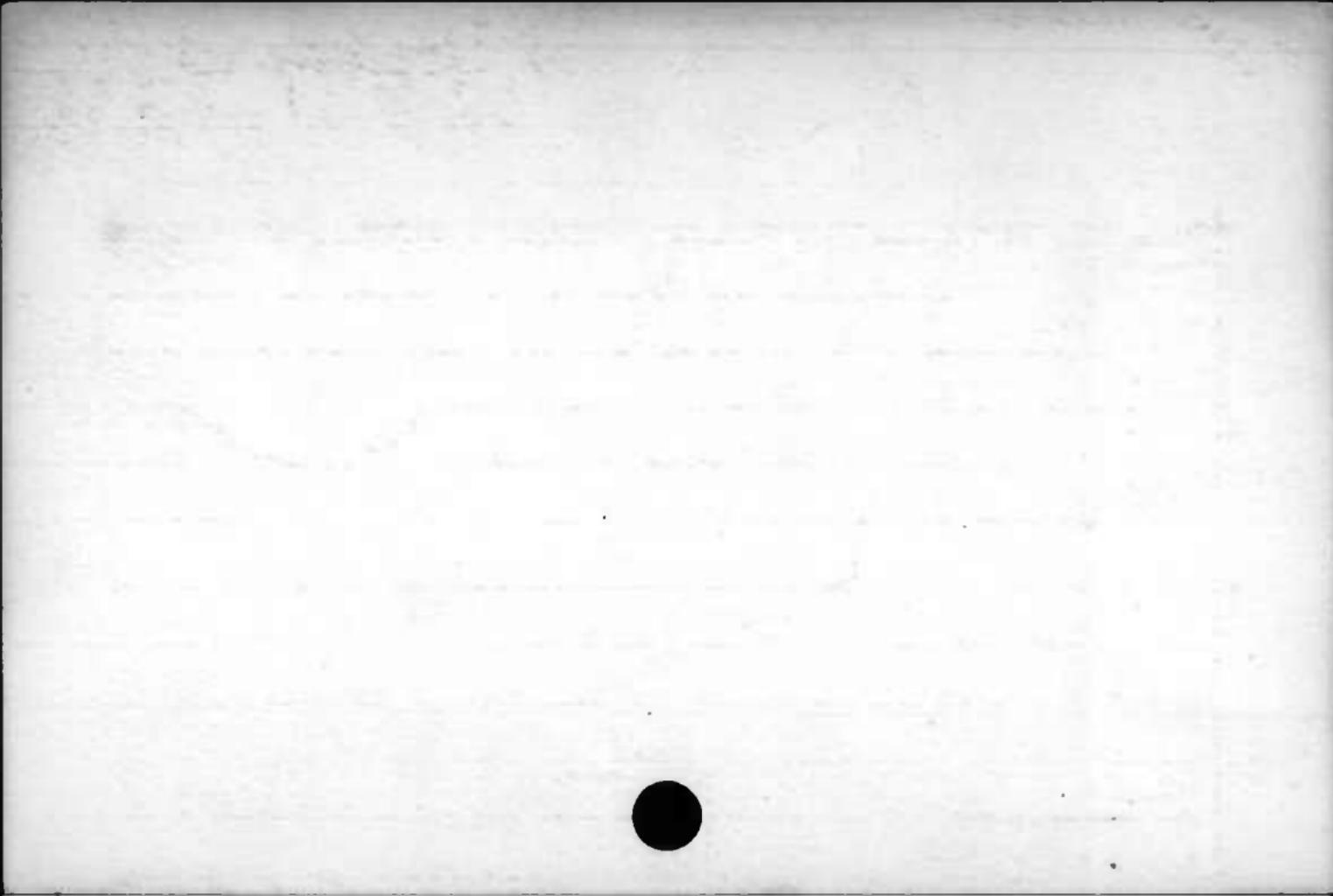
Died at	Town	County	MARYLAND		
Date of death 1903	Month Jan	Day 22	Age 83	Years	Months 1
Sex Female	Color or Race White	Birth-place	Days		
Married, Single or Widowed Married	Occupation Boarding				
Name of Wife or Husband C. W. Teasdale					
Father's Name Jessie A. B. Bradley	Father's Birthplace Somerset Co. Md.				
Mother's Maiden Name Sallie B. Taylor	Mother's Birthplace Somerset Co. Md.				
Name of person giving information C. M. Teasdale	How related to deceased Husband				

CAUSES OF DEATH

Primary	Asthma	How long	Several years
Immediate	General decline	How long	One week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edw. Thompson
		Address	Salisbury, Md.
Accident or Suicide?			

PHYSICIAN
OR CORoner





Obstant child
athel

Town

County

MARYLAND

Died at

Wexford

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age — —

13

—

Married

Widow

Divorced

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Mother's

151

Maiden Name

Frank West Amanda West

Cause of

Primary

How long sick

Death

immediate

General Disability

Accident, Suicide, Homicide

Reported by

A. L. Seathouse

Address

Mardela

Md

—

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

